



Calgary Yachad Hebrew School
A Project of The Pamela Silver-Robins Chabad Lubavitch Youth Centre
Bringing Judaism to life!

134 Forge Rd SE | Calgary, AB T2H 0S8 | 403-281-3770 | Fax: 403-281-0338
 www.myHebrewSchool.ca | www.YouthCentre.org | www.GanIsrael.ca



Registration Form

2017-2018/ 5778

Part I: Student's Information

Last Name: _____ First Name: _____ Boy Girl
 Hebrew Name: _____ Birthday: ___/___/___ Age: _____
 YY MM DD
 Address: _____ Postal Code: _____
 School: _____ Grade: _____

Part II: Parents' Information

Father's Name: _____ Hebrew Name: _____
 Mother's Name: _____ Hebrew Name: _____
 Home phone: (____) _____ - _____ Fax: (____) _____ - _____
 Work Phone (Father): (____) _____ - _____ Cell (Father): (____) _____ - _____
 Work phone (Mother): (____) _____ - _____ Cell (Mother): (____) _____ - _____
 Email (Father): _____ Email (Mother): _____
 Synagogue (if any): _____

Part III: Hebrew Education

Does your child read Hebrew? No Somewhat Yes - Well

Does your child speak/understand Hebrew? No Somewhat Yes - Well

Does your child have any learning difficulties with general studies? Yes No

If yes, please describe: _____

Child's previous Hebrew education (if any): _____

Were there any conversions and/or adoptions in the family? Yes No

If yes, please provide details and copies of the documents:

Is anyone in the family a Kohen or Levi? Yes No _____



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Part IV: Tuition

27 Sessions

Register before September 1st:

First Child: \$725.00 (*Books & snacks included*)

Second child and up: \$650 (*Books & snacks included*)

Register after September 1st:

First Child: \$760.00 (*Books & snacks included*)

Second child and up: \$685 (*Books & snacks included*)

*Please note that no child will be turned away due to lack of funds.
 Please contact our office for scholarships or other payment arrangements.*

Please check your choice of payment:

Full payment enclosed

Four post-dated payments of \$ _____ totaling \$ _____.

Please post-date your payments for Sept 30, 2017, Oct 30, 2017, Nov 30, 2017, & Dec 30, 2017.

Method of payment:

Cash

Check (*payable to **Chabad Lubavitch of Alberta***)

Credit Card: Visa / MasterCard / American Express

Name on Card: _____

Card Number: _____ Exp. Date: ____ / ____

Amount: \$ _____ Signature: _____

Part V: Medical Information (*confidential*)

Family Physician: _____ Phone: (____) ____ - _____

Alberta Health Care Number: _____

Is your child up to date with their vaccinations? Yes No

Is there any medical or other information (allergies, etc.) regarding your child that our school should be aware of? _____

Person to be contacted in case of an emergency (when parents cannot be reached):

Name: _____ Relationship to child: _____

Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Medical Release Form

I hereby consent to the administration of Calgary Yachad Hebrew School to take whatever medical measures they deem necessary for my child in the event of a medical emergency. Agree Disagree

Signature of Parent or Guardian: _____ Date: _____